



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label ☐ OR ☐ Correspondence address below

John M. Vasuta

Name

7570~~0~~ Hudson Park Drive

Address

Hudson

OH

44236

City

State

ZIP

USA

330-328-5657

330-656-9375

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Curtis

Family Name
or Surname

Miller

Inventor's
Signature

Date
5/16/02

Inver Grove Heights

MN

USA

US

Residence: City

State

Country

Citizenship

8701 Callahan Trail

Mailing Address

Inver Grove Heights

MN

55076

USA

City

State

ZIP

Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Jon

Family Name
or Surname

Hoogenakker

Inventor's
Signature

Date
5/16/02

Inver Grove Heights

MN

USA

US

Residence: City

State

Country

Citizenship

4920 Ashley Lane

Mailing Address

Inver Grove Heights

MN

55077

USA

City

State

ZIP

Country

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Alan		Lonnemann	
Given Name		Family Name or Surname	
Inventor's Signature <i>Alan Lonnemann</i>		Date <i>16-MAY-02</i>	
Plymouth	MN	USA	US
Residence: City	State	Country	Citizenship
12510 - 29th Avenue, N.			
Mailing Address			
Mailing Address			
Plymouth	MN	55441	USA
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.